

Date Correction Plan Due 7/19/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

RECEIVED
STATE OF WISCONSIN

Name - Certified Operator / Licensed Center Sweet Moments Child Care Center Llc		Provider Number / Facility ID Number 8000590218 / 001 - 2005281	
Address - Facility (Street, City, State, Zip Code) 3278 S 9Th Pl Milwaukee WI 532154721		Telephone Number 414-979-6408	Date - Regulation Visit 7/3/2024
Rule/Statute Number Noncompliance Statement		Correction Plan	
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff D did not have current documentation of CPR training on file. Repeat violation: Previously cited on 7/5/2022	<p style="text-align: center;">JUL 23 2024</p> <p style="text-align: center;">SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR</p> <p><i>New worker training per CPR to be provided in Spanish the.</i></p> <p><i>new training will be provided at the mid July 2024</i></p>	
2	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of fire and tornado drills fir the month of June.	<p><i>the fire and tornado drills it was done June 21 but was not documented on the safety emergency form and was corrected on July 03-2024</i></p>	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(9)(c)1. Safe Food Description: There was expired cereal in the infant room. There was cereal in the infant room that was not dated.	<i>same date. the cereal was replaced and the current date was placed on it.</i>	<i>07-03-24.</i>	
4	251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: The thermometer in the refrigerator was reading 59 degrees.	<i>the thermometer was replaced with a new one, it was defective same day</i>	<i>07-03-24</i>	
5	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log book was not reviewed in the last six months. Repeat violation: Previously cited on 7/5/2022	<i>the medical log book was reviewed on the same day as the visit</i>	<i>07-03-24</i>	

NAME - Agency Worker
Joel Marquez

Date Issued
7/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Noted Joel Marquez

July - 10 - 2024